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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

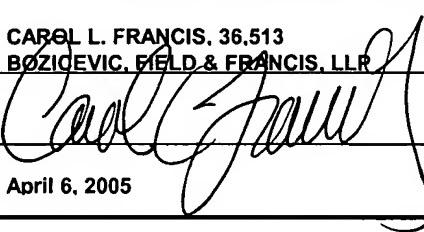
		Application Number	10/634,641
		Filing Date	August 4, 2003
		First Named Inventor	TAKAHATA, KYOYA
		Group Art Unit	1614
		Examiner Name	DELACROIX MUIRHEI, CYBILLE
Total Number of Pages in This Submission	29	Attorney Docket Number	ORIN-004

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Credit Card Payment Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input checked="" type="checkbox"/> Exhibit A: ATCC Product Description for HeLa Cells and |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Exhibit B: Takahata et al. 2002 |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Copy of Information Disclosure Statement (IDS) filed July 13, 2004 |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Declaration of Kyoyo Takahata Under 37 C.F.R. §1.132 |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Certified Copy of Priority Documents | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)	CAROL L. FRANCIS, 36,513 BOZICEVIC, FIELD & FRANCIS, LLP
Signature	
Date	April 6, 2005

EXPRESS MAIL LABEL NO. EV577672355US

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

		Complete if Known	
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27	Application Number	10/634,641
TOTAL AMOUNT OF PAYMENT	(\$) \$ 1,020.00	Filing Date	August 4, 2003
		First Named Inventor	TAKAHATA, KYOYA
		Examiner Name	DELACROIX MUIRHEI, CYBILLE
		Art Unit	1614
		Attorney Docket No.	ORIN-004

METHOD OF PAYMENT (check all that apply)

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Check | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0815</u> | | | Deposit Account Name: <u>Bozicevic, Field and Francis LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) | | <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17 | | |

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Fee (\$)</u>	<u>Small Entity</u>
50	25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
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Multiple dependent claims

360	180
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<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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- 20 or HP =	x	=	
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HP = highest number of total claims paid for, if greater than 20

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 3 or HP =	x	=	
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HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 =	/ 50 =	(round up to a whole number)	x	=
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for 3 Month Ext. _____ \$ 1,020.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) <u>36,513</u>	Telephone <u>(650) 327-3400</u>
Name (Print/Type)	<u>Carol L. Francis</u>		Date <u>04/06/2005</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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